Evidence-Based Child and Adolescent Psychosocial Interventions

This tool has been developed to guide teams (inclusive of youth, family, educators and mental health practitioners) in developing appropriate plans using psychosocial interventions. Teams should use this information to prioritize promising options. For specific details about these interventions and their applications (e.g., age setting, gender) see the most recent Evidence Based Services Committee Biennial Report (http://www.state.hi.us/doh/camhd/index.html).

Problem Area	Level 1-	Level 2-	Level 3-	Level 4-	Level 5-
110blelli Alea	BEST SUPPORT	GOOD SUPPORT	MODERATE SUPPORT	MINIMAL SUPPORT	KNOWN RISKS
Anxious or	Cognitive Behavior	CBT with Parents; Group Cognitive	None None	Eye Movement Desensitization and	None
Avoidant Behaviors	Therapy (CBT);	Behavior Therapy; CBT for Child	None	Reprocessing (EMDR), Play Therapy, Individual	TAORE
Avoidant benaviors	Exposure; Modeling	and Parent; Educational Support		(Supportive) Therapy; Group (Supportive)	
	exposure, moderning	and rai citt, Eddednonal Support		Therapy	
Attention and	Behavior Therapy	None	None	Biofeedback; Play Therapy, Individual or	None
Hyperactivity	Denavior Therapy	Trons	746116	Group (Supportive) Therapy, Social Skills	740110
Behaviors				Training; "Parents are Teacher," Parent	
Donavior 5				Effectiveness Training, Self-Control Training	
Autistic Spectrum	None	None	Applied Behavior Analysis;	Auditory Integration Training; Play Therapy,	None
Disorders	740110	Trons	Functional Communication	Individual or Group (Supportive) Therapy	740110
0.00, 40, 5			Training; Caregiver	That vidual of Group (Gupper Tive) Therapy	
			Psychoeducation Program		
Bipolar Disorder	None	Interpersonal and social rhythm	Family psychoeducational	All other psychosocial therapies	None
Dipolar Diboradi	740110	therapy*	interventions*	The other payerlesseral merapies	740110
Depressive or	CBT	CBT with Parents; Interpersonal	None	Behavioral Problem Solving, Family Therapy,	None
Withdrawn		Therapy (Manualized IPT-A);		Self-Control Training, Self-Modeling, and	
Behaviors		Relaxation		Individual (Supportive) Therapy	
Denavior 5		Notarian		That the day	
Disruptive and	Parent and Teacher	Anger Coping Therapy;	Social Relations Training; Project	Client-Centered Therapy, Communication	Group Therapy
Oppositional	Training; Parent Child	Assertiveness Training; Problem	Achieve	Skills, Goal Setting, Human Relations	, , , , , , , , , , , , , , , , , , , ,
Behaviors	Interaction Therapy	Solving Skills Training, Rational		Therapy, Relationship Therapy, Relaxation,	
	,	Emotive Therapy, AC-SIT, PATHS,		Stress Inoculation, Supportive Attention.	
		and FAST Track Programs			
Eating Disorders	CBT* (bulimia only)	Family Therapy (anorexia only)	None	Individual (Supportive) Therapy	Some Group Therapy
Juvenile Sex	None	None	Multisystemic Therapy***	Individual or Group (Supportive) Therapy	Group Therapy***
Offenders					
Delinquency and	None	Multisystemic Therapy	Multidimensional Treatment	Individual Therapy, Juvenile Justice System	Group Therapy
Willful Misconduct			Foster Care, Wrap-Around Foster		
Behavior			Care		
Schizophrenia	None	None	Behavioral Family Management*;	Supportive Family Management*; Applied	None
			Family-Based Intervention*;	Family Management*	
			Personal Therapy*; Social		
			Interventions*		
Substance Use	CBT**	Behavior Therapy; Purdue Brief	None	Individual or Group (Supportive)Therapy,	Group Therapy
		Family Therapy		Interactional Therapy, Family Drug Education,	
				Conjoint Family Therapy, Strategic Structural	
				Systems Engagement	

^{*} Based on findings with adults only; ** Appropriate only if child is already in inpatient setting, otherwise consider level 2; *** if delinquency and willful misconduct are present.